PROLONGED FIELD CARE (PFC) UPDATES

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SOMA PFC WG

DISCLAIMER

• Nothing to disclose
• The opinions and/or assertions contained herein are the private views of the author and are not to be construed as official or as reflecting the view of USSOCOM, the Department of the Army or the Department of Defense.
• Not my material: work of a lot of dedicated medics and corpsmen, and a few docs
• SOMA Website (specialoperationsmedicine.org) > PFC Resources page
• PFCare.org
• So….why listen to me??

THAT'S WHAT I DO.
I DRINK AND I KNOW THINGS.
In 2011, Russia acknowledged beer as an alcoholic beverage. Before then, any drink under 10% volume was considered a soft drink.

**Tyranny of Distance**

[Map image with distance indicated]

**WHY?**

[Image of plane and supplies]
**CLASSIC** PFC CASES

- Mogadishu, Somalia 1993 “The Original TCCC Case” also The Original PFC Case
  - 14 Hours - 73 wounded, 18 Dead
- Timbuktu, Mali 2006
  - 36 Hour evacuation - KIA Junior Medic Critical and decompensated during flight
  - Sand storm flipped team tents
- South Sudan 2013
  - Marine lost Lower limb due to prolonged tourniquet application
- Marjah, Afghanistan Jan 2016
  - 19 Hours with tourniquet due to firefight
  - 4 Tourniquet conversion attempts
  - Successful on 6th attempt
- Arlit, Niger Oct 2015
  - ATV rollover
  - Insidious abdominal bleeding, Initial EFAST Negative
  - TCCET delayed 5+ hours to POI

**DEFINITION**

- **“Prolonged Field Care”**
  - Field medical care, applied beyond ‘doctrinal planning time-lines’, by a Special Operations Combat Medic or higher, in order to decrease patient mortality and morbidity. Utilizes limited resources, and is sustained until the patient arrives at an appropriate level of care.

  “Treating a patient that you know should be somewhere else, for longer than you want.”
  – MAJ Doug Powell, MD
  USASOC Intensivist

- Prolonged Field Care begins when you THOUGHT your evacuation was going to show up, but did not!
VICTIMS OF OUR SUCCESS?

• Generals always fight the last war, especially if they won

THE “NEW NORMAL” AND POLITICAL WARFARE IN THE OPERATIONAL CONTINUUM

[Diagram showing various domains and concepts related to military and political warfare]
THE SYRIAN EXPERIENCE

• 2017, attacks on the healthcare system have increased dramatically, with an average of one attack on a healthcare resource, hospital, or clinic every 29 hours. (Dr. Ahmad Tarakji, Syrian American Medical Society (SOMSA) Presentation 2019)

• A total of 10 medical facilities have been attacked between April 28, 2019 and May 5th, 2019 three medical staff were killed and eight were wounded. (UOSSM (Union des Organisations de Secours et Soins Médicaux via https://reliefweb.int/report/syrian-arab-republic/breaking-3-hospitals-bombed-today-syria, accessed 09MAY19)

BACK TO OUR SOF MEDICAL ROOTS?

PROLONGED FIELD CARE IS NOT...

...a skill set
...only trauma
...a certification
...JUST nursing care
...a replacement for TCCC
...a 72 hour security blanket
...mitigation for all medical risk
...a replacement for a surgical team
PROLONGED FIELD CARE
SIMILAR TO MASS CASUALTY

- Worst case scenario
- Provider likely overwhelmed
- Resources likely overwhelmed
- Never “Certified” for MASCAL
- Having a plan may mitigate significant causes of morbidity and mortality

PROLONGED FIELD CARE CAPABILITIES

- Presented in a “Good-Better-Best” format
- Matched to Operational Context – “Ruck, Truck, House, Plane”

- 10 Capabilities:
  - Monitor the patient
  - Resuscitate the patient
  - Ventilate/oxygenate
  - Maintain an airway
  - Sedation/pain control
  - Physical Exam/diagnostics
  - Provide nursing/hygiene
  - Advanced surgical interventions
  - Telemedicine
  - Prepare the patient for flight

WHAT ABOUT TACTICAL COMBAT CASUALTY CARE (TCCC)?

- NO PFC if there is not adequate TCCC!
- IF YOU DON’T KNOW TCCC, DON’T TRAIN IN PFC!!!
SURVIVAL OF MILITARY PROLONGED FIELD CARE IN IRAQ AND AFGHANISTAN

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Prehospital Survival Rate</th>
<th>Survival of All Hours of Prehospital Care, N=2931</th>
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<tr>
<td>Age (in Years, median (IQR))</td>
<td>36 (27, 45)</td>
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<tr>
<td>Injury Severity Score (ISS)</td>
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<td>Injury Severity Score (ISS)</td>
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<td>9 (1, 19)</td>
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<tr>
<td>Military Operation</td>
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<tr>
<td>Injury Severity Score (ISS)</td>
<td>15 (3, 20)</td>
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"The Effect of a Golden Hour Policy on the Morbidity and Mortality of Combat Casualties"
– Kotwal, JAMA 2016

The golden hour – it's over…
Army Problem #9: Prolonged Field Care

The NATO definition of Prolonged Field Care (PFC): Field medical care, applied beyond 'doctrinal planning timelines' by a Combat Medic, in order to decrease patient mortality and morbidity, utilizing limited resources, and is sustained until the patient arrives at the next appropriate level of care.

**Capability Gap**

"Future operational environments may require field care lasting hours to days before evacuation can be achieved."

**KIA Reduction Initiative**

Improving pre-hospital trauma care to reduce morbidity and mortality on the battlefield.

**Close Combat Lethality Task Force (CCLTF)**

Improving combat preparedness, lethality, survivability and resilience of close-combat formations.

**Medical Readiness Training (MRT)**

Prepares all service members and DoD civilians for deployment to operational environments, ensuring they are prepared for the unique demands of operational medicine.
NDAA 2017 AND 2019

- NDAA 2017 Sec. 707. - Joint Trauma System.
- NDAA 2017 Sec. 708. Joint Trauma Education and Training Directorate.

- JTS - “One of our challenges is to move stabilizing and potentially complex treatments farther forward to where the casualties are, instead of relying on rapid transport to a combat support hospital, which may not be feasible in future conflicts.” - Dr. Anthony Pusateri, Combat Casualty Care, Fall 2017.

JTED—Joint Trauma Education and Training Directorate

Develop standardized combat casualty care instruction
- PFC
- Austerity Surgical Team Course
- Casualty Response for Leaders course
- Trauma nursing course
- FFC
- Medical Director Course
- Trauma PI

Facilitate military-civilian partnerships for trauma skill sustainment
- Establish goals and metrics to enter partnerships
- Establish metrics to evaluate success of partnerships
- Process for assessing and validating instructors and training sites
- Process for measuring training outcomes

“Medically Ready Force...Ready Medical Force”

JTED Alignment

JTED Joint Manning Document (Under Development)

DHA AD Combat Surgeon

Forces Command

Performance Improvement

JTS Mission: to improve trauma readiness and outcomes through evidence-driven performance improvement.

“Medically Ready Force...Ready Medical Force”
COURSES/CLASSES

- JSOMTC
- ECM, Critical Care Flight Paramedic
- DECM
- SOP4CC
- RSM
- FCCS
- Unit level
- Commercial (TNC)
SUMMARY

• “The Monty principle” - Planning to “do PFC” is planning to FAIL!
• BUT, failing to anticipate (train for) PFC is FAILING to PLAN.
• Be a MASTER of TCCC
• PFC training is great unit TRAINING (I did not say MEDICAL TRAINING!!)
"THE PFC TRUTHS"

- Everything starts (and only continues) with effective TCCC. Master TCCC before attempting PFC.
- If you think you need a surgeon or intensivist in the field, put one there.
- No magic piece of kit will give you the capability.
- PFC is not a qualification or skill set, it is an operational problem or situation that you find yourself in.
- Competent (PFC medical) Forces cannot be created after emergencies occur.
- Most Special Operations require non-SOF assistance (especially if you have a smaller deployed force).

35 PROLONGED FIELD CARE CAPABILITIES

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<th>Minimum</th>
<th>Better</th>
<th>Stiff</th>
<th>Rock</th>
<th>Trump</th>
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http://biblescripture.net/Moses.jpeg

PROLONGED FIELD CARE CAPABILITIES